

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>1-27-05</u>		2 Serial/Patent #: <u>10/658,789</u>		
3 Please refund the following fees(s):		4 PAPER NUMBER	5 DATE FILED	
<input type="checkbox"/> Filing			\$	
<input type="checkbox"/> Amendment			\$	
<input checked="" type="checkbox"/> Extension of Time		<u>—</u>	<u>9-2-04</u>	\$ <u>1005.</u>
<input type="checkbox"/> Notice of Appeal/Appeal			\$	
<input type="checkbox"/> Petition			\$	
<input type="checkbox"/> Issue			\$	
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/> Maintenance			\$	
<input type="checkbox"/> Assignment			\$	
<input type="checkbox"/> Other			\$	
		7 TOTAL AMOUNT OF REFUND	\$ <u>1005.</u>	
		8 TO BE REFUNDED BY:		
		<input type="checkbox"/> Treasury Check		
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input checked="" type="checkbox"/> Duplicate Payment		, <u>19 -- 2112</u>		
<input checked="" type="checkbox"/> No Fee Due (Explanation): <i>P.O.T. filed late.</i>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Andrea Smith</u>		TITLE: <u>Pat. Office</u>		
SIGNATURE: <u>Am Smith</u>		PHONE: <u>703/571-272-3200</u>		
OFFICE: <u>OC. of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Alicia Hill</u>		DATE: <u>1/26/05</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B